

PHA 5-Year and Annual Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

**OMB No. 2577-0226
Expires 4/30/2011**

1.0	PHA Information PHA Name: <u>The Housing Authority of the City of Hartford</u> PHA Code: <u>CT003</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>1253</u> Number of HCV units: <u>2136</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:	CT-003			PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: See Attached				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. See Attached				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. See Attached				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. See Attached				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.				

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. See Attached</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See Attached</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (**Note: applies to only public housing.**)

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

5.1 MISSION

It is the mission of the Housing Authority of the City of Hartford (HACH) to be a fiscally sound agency that provides safe, decent, and affordable high quality housing and homeownership choices. The HACH strives to become closer to our residents and community partners while being a positive catalyst for the creation of economic opportunities and independence in diverse communities. The HACH will provide a positive work environment for our employees and value added supportive services to all of our residents.

5.2 GOALS & OBJECTIVES

It is the Housing Authority of the City of Hartford's (HACH's) goal to rebuild each community to achieve high quality of life expectations through lower densities and modern housing quality standards.

HACH Goal: Provide an Improved Living Environment

- Objectives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments.
Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments.
- Implement Public Housing security improvements.
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities).

HACH Goal: Promote Self-Sufficiency and Asset Development of Assisted Households

- Objectives: Increase the number and percentage of employed persons in assisted families.
- Provide or attract supportive services to improve assistance recipients' employability.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.

HACH Goal: Rebuild Each Community to Achieve High Quality of Life Expectations through Lower Densities and Modern Housing Quality Standards

- Objectives: During this new cycle, the HACH shall continue to assist a larger number of families to move from renting to leasing with the option to purchase or homeownership. In its efforts to encourage public housing residents to become more involved in the management of public housing units, the HACH continues to support resident participation through resident council activities, and participate in key committees regarding the development of and rehabilitation of units.
- HACH, as a part of the HOPE VI Dutch Point Project, shall incorporate additional acquired units to be used either as homeownership, lease with the option to own, or rental by the end of 2011. These units shall be low maintenance and utilize the most recent technology for energy conservation and cost effectiveness.
- HACH will continue its efforts to identify and locate partners, non-profit or for-profit, locally or nationally based. These partners will work with the Authority on the acquisition, improvement, and/or development of additional housing opportunities for public housing income eligible families in a mixed financing mode.

Other Goals:

- HACH will explore the possibility of creating a private maintenance contracting service entity. The purpose of this operation is to primarily provide repairs, construction improvements and grounds service to HACH-homeowners at a discounted rate and engage in private market business. This could conceivably be tenant run, managed, or controlled.
- HACH will look into the possibility of developing a wellness facility for families with children that need supportive services.
- HACH will explore all resources that will support, encourage and strengthen families with public housing, including, for example, the healthy marriage program, parents in institutions, and grand families taking care of grandchildren. Along with these initiatives HACH will explore the possibility of developing capacity in house to address the human/social needs of public housing residents associated with providing supportive services.
- HACH will explore the possibility of a not-for-profit organization and an in-house program that will train and prepare tenants for business development opportunities under the Section 3 program.

6.a PHA Plan Elements

1. Eligibility, Selection, and Admissions Policies, including Deconcentration and Wait List Procedures

REVISED

2. Financial Resources

REVISED

3. Rent Determination

REVISED

4. Operation and Management

REVISED

5. Grievance Procedures

REVISED

6. Designated Housing for Elderly and Disability Families

NO REVISION

7. Community Service and Self-Sufficiency

NO REVISION

8. Safety and Crime Prevention

NO REVISION

9. Pets

NO REVISION

10. Civil Rights Certification

NO REVISION

11. Fiscal Year Audit

REVISED

12. Asset Management

NO REVISION

13. Violence Against Women Act (VAWA)

NO REVISION

6.b POSTING OF THE PHA PLAN

The Housing Authority of the City of Hartford
180 Overlook Terrace
Hartford, CT 06106

Mary Shepard Place
15 Pavilion Street
Hartford, CT 06120

Dutch Point Housing
137 Wyllys Street
Hartford, CT 06106

Betty Knox Apartments
141 Woodland Street
Hartford, CT 06105

Percival C. Smith Tower
80 Charter Oak Avenue
Hartford, CT 06106

Mary Mahoney Village
73 Vine Street
Hartford, CT 06105

Kent Apartments
188 Sigourney Street
Hartford, CT 06105

Housing Authority of the City of Hartford Website: hartfordhousing.org

7.0 DEMOLITION AND DISPOSITION

Demolition/Disposition Activity Description

- 1a. Development name and address:**
Nelton Court, Hartford, CT 06120
- 1b. Development (project) Number: CT-003-001
2. Activity Type: Demolition
3. Application Status: Approved on May 17, 2010
4. Date application approved, submitted, or planned for submission:
The application was submitted 6/4/2008 and approved 5/17/2010
5. Number of Units Affected: 121
6. Coverage of Action: Total Development
7. Timeline for Activity:
 - a. Action Projects State Date of Activity: May 1, 2010
 - b. Projected End Date of Activity: January 31, 2011

**39 Wadsworth Street, Hartford, CT and 10-12 Wolcott Street, Hartford, CT – There is a plan being developed which may include demolition and disposition.

9.0 STATEMENT OF HOUSING NEEDS

**HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY
THE HOUSING AUTHORITY OF THE CITY OF HARTFORD BY FAMILY TYPE**

Family Type	Overall	Affordability	Supply	Quality	Accessible	Size	Loc
Income <=30% of AMI	16,101	5	4	3	2	4	5
Income >30% but <=50% of AMI	8,264	5	4	2	2	4	5
Income >50% but <80% of AMI	6,824	2	2	2	1	4	4
Elderly	6,151	2	2	2	1	1	3
Families With disabilities	11,966	5	4	3	5	4	4
White/Not Hispanic	21,677	NA	NA	NA	NA	NA	NA
Black/Not Hispanic	49,412	NA	NA	NA	NA	NA	NA
Hispanic	49,260	NA	NA	NA	NA	NA	NA
Other, Not Hispanic	NA	NA	NA	NA	NA	NA	NA

Code 1-5: One being no impact, five being severe impact

Not Available – NA

9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS

Need 1: Shortage of Affordable Housing for All Eligible Populations

Strategy 1: Maximize number of affordable units available to the HACH within its current resources:

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through Section 8 replacement housing resources
- Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the HACH, regardless of unit size required
- Maintain or increase Section 8 lease-up rates by marketing program to owners particularly those outside of areas of minority and poverty concentration
- Maintain or increase Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptability of program

Strategy 2: Increase the number of affordable housing units:

- Apply for additional Section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed-finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.

Need 2: Specific Family Types: Families at or Below 30% of Median

Strategy 1: Target available assistance to families at or below 30% of AMI

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant based Section 8 assistance
- Adopt rent policies to support and encourage work

Need 3: Specific Family types: Families at or below 50% of Median

Strategy 1: Target available assistance to families at or below 50% of AMI

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work

It is the HACH strategy and goal to rebuild each community to achieve high quality of life expectations through lower densities and modern housing quality standards.

- The HACH will update its plan for the allocation funds for each development's needs as indicated in its five-year plan.
- The HACH will continue to work with the City of Hartford in its efforts to identify properties to develop additional public housing units including the utilization of project based vouchers.

Need 4: Specific Family types: the elderly

Strategy 1: Target available assistance to the elderly

- Apply for special-purpose vouchers targeted to the elderly, should they become available

Need 5: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities

- Carry out the modifications needed in public housing based on the Section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local, non-profit agencies that assist families with disabilities

Need 6: Specific Family Types: Races/Ethnicities with Disproportionate Housing Needs

Strategy 1: Increase awareness of HACH resources among families of races and ethnicities with disproportionate needs

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Strategy 2: Conduct activities to affirmatively further fair housing

- Counsel Section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the Section 8 Program to owners outside of areas of poverty/minority concentrations

It is the HACH's strategy and goal to rebuild each community to achieve high quality of life expectations through lower densities and modern housing quality standards.

- The HACH will update its plan for the allocation funds for each development's needs as indicated in its five-year plan.
- The HACH will continue to work with the City of Hartford in its efforts to identify properties to develop additional public housing units for public housing families to replace units that were torn down.
- The Dutch Point Homeownership Project shall be constructed to be low maintenance and utilize the most recent technology for energy conservation and cost effectiveness.
- The HACH shall continue its efforts to identify and locate partners, non-profit, or for-profit, locally or nationally based. These partners will work with the Authority on the acquisition, improvement, and/or development of additional housing opportunities for public housing income eligible families.

10.a GOALS AND OBJECTIVES PROGRESS REPORT

The Low Income developments were built and/or substantially rehabilitated on the dates indicated below. Each development has had major renovation and/or remodeling (see capital improvements below) during the past years in one or more of the following areas: kitchen and/or bathroom remodeling, mechanical systems upgrades, roof replacement, site improvements, plumbing systems upgrades, electrical system upgrades, elevator upgrades, window replacement and exterior repairs. Over the next five years, the HACH intends to continue upgrades in physical and mechanical plan support for all of the following:

- Mary Shepard Place (1996): Fire suppression system upgrade and windows.
- New Community (COT – New Construction 1998): Continue to promote homeownership through sales to existing HACH renters and outside families interested in purchasing affordable housing.
- New Stowe Village (New Construction 2002/2003): Phase 4 will be completed in 2011, consisting of 26 units of replacement housing of three bedrooms each.
- Scattered Sites (1985): Roofs, bathroom remodeling, kitchen remodeling, mechanical upgrades, site lighting, paving, porches, and windows.
- Mary Mahoney Village (1963): Roofs, mechanical upgrades, paving, site lighting, kitchen remodeling, porches, entry doors, windows, and sidewalks.
- Kent Apartments (1970): Roof, kitchen remodeling, mechanical upgrades, paving, windows.
- Smith Towers (1972): Roof, mechanical upgrades, kitchen remodeling, first floor common area improvements, windows, fire sprinklers, security upgrades, new elevator system, and lobby renovations.
- Betty Knox Apartments (1973): Roof, kitchen remodeling, bathroom remodeling, fire sprinklers, windows, reconfiguration of 8 units into 12 ADA accessible units, paving, emergency generator, elevator upgrades. Site lighting/security upgrades.
- Dutch Point Colony Hope VI Revitalization – The Housing Authority of the City of Hartford is continuing the redevelopment of Dutch Point Colony in partnership with The Community Builders, Inc. and the neighborhood. The Hope VI application was approved in the amount of \$20 million by HUD in March 2003. The redevelopment program includes not only the Dutch Point site, but includes nine properties, which were acquired to enhance the overall development. The Authority, along with its development partner, relocated all of the residents and the subsequent demolition of the twenty-eight (28) on-site buildings was completed in 2005. Self-sufficiency programs were provided to the residents and the re-occupancy of the rental phases were completed in 2008. The first Phase of the redevelopment, consisting of forty-three (43) Low Income Public Housing units and thirty (30) market rate units was completed in July 2007. Phase 2 which includes forty-seven (47) Low Income Public Housing units and seven (7) market rate units was completed in 2008. The third and final phase of redevelopment consists of fifty-eight (58) single-family homeownership units of which twenty-seven (27) will be affordable and thirty-one (31) will be market rate. Groundbreaking for this third and final phase took place in 2008. As of October 1, 2010, twelve units have been sold and another 4 units are under contract for sale.

10b. Significant Amendment and Substantial Deviation/Modification

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority of the City of Hartford that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

11 a.b.c.&d.

See Attached

11 f.

Resident Advisory Comments:

Given the economic conditions, why the proposed changes in the flat rent structure now?

Response:

No changes have been made to the flat rents structure for 2010 and the flat rent is considerably below the Section 8 Payment Standard.

11 g.

No Challenged Elements

11 h.

Capital Fund Annual Statements and Performance and Evaluation Reports Attached

11 i.

Capital Fund Program 5-year Action Plan Attached

Compliance with the Violence Against Women's Act (VAWA)

Domestic Violence:

In accordance with the Violence Against Women and Justice Department Reauthorization Act, the Authority has adopted a preference that recognizes and protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. The Authority has also adopted an admission preference for individuals that are residing in a situation of domestic violence and that are displaced as a result of their situation. The family must provide evidence that documents the domestic violence by providing a police report that verifies their claim.

The following also applies:

- The domestic violence must be recent and individual must provide evidence of an established pattern either by utilizing HUD Form 50066, Certification of Domestic Violence, Dating Violence, or Stalking or local police record or court record, documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance.
- Must provide evidence of an established relationship along with a lease agreement confirming co-habitation.
- The family must agree to sign a restraining order against the offender.
- The family must certify that the person who resides with them that engages in such domestic violence will not reside with the family upon placement. If the family is admitted the Authority may deny or terminate assistance to the family for breach of this certification.
- The family will be required to sign a document stating they will not release the location of their new residence to the party responsible for the abuse and threats.
- The Authority will require that the family sign a Memorandum of Agreement (MOA), to participate in a Social Service Program for Domestic Violence.

If the family is determined eligible for the aforementioned "Domestic Violence Preference" and is housed, the family will not be eligible for a transfer into another Authority unit if it is determined that the family was responsible for the release of their whereabouts to the offender, as it will result in a financial burden to the Authority. A current family in residence with the Authority will only be entitled to one transfer.

Furthermore, the Authority will not evict a tenant for criminal activity relating to verified incidents of actual or threatened domestic violence, dating violence, or stalking.

The Authority may request a tenant under such threat of eviction to certify that the incidents in question are bona fide incidents of abuse by producing either (1) a Federal, State, tribal, territorial, or local police or court record or (2) a sworn statement, also signed by the tenant, from (a) a victim service provider; (b) an attorney; or (c) a medical

professional verifying the validity of the incidents. If the certification is not received by the Authority within 14 days, the Authority may proceed with the eviction. The Authority, however, has the discretion of extending the 14-day period.

All information provided to the Authority in such certification shall be retained in confidence, except to the extent disclosure is (i) requested or consented to by the tenant in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

If it is verified that the tenant is a victim of actual or threatened domestic violence, dating violence, or stalking engaged in by a member of the tenant's household, or any guest or other person under the tenant's control, the Authority may bifurcate the lease in order to evict **only** the tenant or lawful occupant engaging in these criminal acts, without evicting or otherwise penalizing the victim who is also a tenant or lawful occupant.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

PHA Name/Number : Housing Authority of the City of Hartford		Locality (Hartford, CT.)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY: 2011	Work Statement for Year 2 FFY :2012	Work Statement for Year 3 FFY :2013	Work Statement for Year 4 FFY :2014	Work Statement for Year 5 FFY :2015
B.	Physical Improvements Subtotal	Annual Statement	\$1,804,432.00	\$1,899,432.00	\$1,874,432.00	\$1,874,432.00
C.	Management Improvements		\$40,000.00	\$15,000.00	\$40,000.00	\$40,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$70,000.00	0.00	0.00	
E.	Administration		\$258,054.00	\$258,054.00	\$258,054.00	\$258,054.00
F.	Other		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
G.	Operations		\$258,054.00	\$258,054.00	\$258,054.00	\$258,054.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing -- Debt Service		0.00	0.00	0.00	0.00
K.	Total CPF Funds		\$2,580,540.00	\$2,580,540.00	\$2,580,540.00	\$2,580,540.00
L.	Total Non-CPF Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$2,580,540.00	\$2,580,540.00	\$2,580,540.00	\$2,580,540.00

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

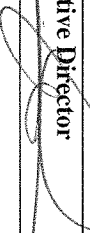
Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: 2007 FY of Grant Approval: 2007	
------------------------	--	--	--	--	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) ³			\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00
3	1408 Management Improvements			\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00	\$45,000.00
4	1410 Administration (may not exceed 10% of line 21)			\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs			\$194,436.00	\$194,436.00	\$194,436.00	\$194,436.00	\$140,987.28	\$140,987.28
8	1440 Site Acquisition								
9	1450 Site Improvement			\$550,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$49,357.40	\$49,357.40
10	1460 Dwelling Structures			\$840,000.00	\$1,290,000.00	\$1,290,000.00	\$1,290,000.00	\$1,290,000.00	\$1,290,000.00
11	1465.1 Dwelling Equipment—Nonependable								
12	1470 Non-dwelling Structures								
13	1475 Non-dwelling Equipment			\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00	\$3,075.00	\$3,075.00
14	1485 Demolition								
15	1492 Moving to Work Demonstration								
16	1495.1 Relocation Costs								
17	1499 Development Activities ⁴								

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2007	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval: 2007	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,086,794.00	\$2,086,794.00
21	Amount of line 20 Related to LBP Activities		\$1,900,777.68
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Date	Signature of Public Housing Director
		12/22/10	
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHP funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 CHFP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2007				Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1 Nelton Court	Operations	1406		\$41,740.00	\$41,740.00	\$41,740.00	\$41,740.00	
AMP 6	Operations	1406		\$77,212.00	\$77,212.00	\$77,212.00	\$77,212.00	
AMP 15	Operations	1406		\$89,727.00	\$89,727.00	\$89,727.00	\$89,727.00	
PHA Wide	Management Improvements, Emphasys Conversion and Staff Training	1408		\$45,000.00	\$45,000.00	\$45,000.00		
PHA Wide	Central Office Management Fees	1410		\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00	
PHA Wide	Fees for Davis Bacon Review/Testing	1430		\$96,000.00	\$96,000.00	\$96,000.00	\$54,551.28	
AMP 24 Stowe Village	Fees for Testing	1430		\$12,571.79	\$12,571.79	\$12,571.79	\$12,571.79	
PHA Wide	Fees for Advertising Bids	1430		\$12,523.79	\$12,523.79	\$12,523.79	\$12,523.79	
AMP 1 Nelton Court	A&E Fees for Environmental Review with Fuss and O'Neil	1430		\$2,800.00	\$2,800.00	\$2,800.00	\$2,800.00	
AMP 6 Mary Mahoney Village, Betty Knox, AMP 6 Mary Mahoney Village,	A&E Fees for Roof Replacement	1430		\$19,550.00	\$19,550.00	\$19,550.00	\$7,550.00	
AMP 6 Mary Mahoney Village,	A&E Fees for Sidewalk Replacement	1430		\$8,990.00	\$8,990.00	\$8,990.00	\$8,990.00	
AMP 15 Scattered Sites II,III	A&E Fees for Wadsworth Street Structural Review	1430		\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	
AMP 15 Scattered Sites II,III	A&E Fees for Site Plan	1430		\$30,700.42	\$30,700.42	\$30,700.42	\$30,700.42	
AMP 6, Kent Apartments	A&E Fees for Roof Replacement	1430		\$6,800.00	\$6,800.00	\$6,800.00	\$6,800.00	

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2007				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 6 Mary Mahoney Village,	Replace Common Sidewalks	1450		\$550,000.00	\$100,000.00	\$100,000.00	\$49,357.40	
AMP 15,AMP 24, Scattered Sites II,III Mary Shepard Place	Masonry Restoration	1460		\$190,000.00	\$394,022.38	\$394,022.38	\$394,022.38	Completed
AMP 1, AMP 6, AMP 15, AMP 24 Mary Shepard Place, Smith Tower, Mary Mahoney Village, Betty Knox, Kent Apartments	Vacancy Preparation	1460		\$100,000.00	\$150,000.00	\$150,000.00	\$150,000.00	Completed
AMP 6: Betty Knox Apartments.	Lobby Renovation and Upgrades	1460		\$550,000.00	\$745,977.62	\$745,977.62	\$745,977.62	Completed
PHA Wide	Non Dwelling Equipment	1475		40,000.00	40,000.00	40,000.00	\$3,075.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford					Federal FFY of Grant: 2007	Reasons for Revised Target Dates	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date		Actual Expenditure End Date
AMP 1 Nelson Court	9/12/09	9/1/09	9/12/2011	9/1/09	9/12/2011	9/1/09	
AMP 6 Elderly	9/12/09	11/15/08	9/12/2011	2/1/10	9/12/2011	2/1/10	
AMP 15 SS I, II, III	9/12/09	5/15/09	9/12/2011	11/15/09	9/12/2011	11/15/09	
AMP 24	9/12/09	5/15/09	9/12/2011	9/12/2011	9/12/2011	9/12/2011	
PHA Wide	9/12/09	9/12/07	9/12/2011	9/12/07	9/12/2011	9/12/07	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011


Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				Expended
2	1406 Operations (may not exceed 20% of line 21) ³		\$232,190.00	\$232,190.00	\$232,190.00
3	1408 Management Improvements		\$45,000.00	\$45,000.00	
4	1410 Administration (may not exceed 10% of line 21)		\$232,190.00	\$232,190.00	\$232,190.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$75,000.00		\$58,095.97
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		\$1,625,330.00	\$990,520.00	\$803,453.07
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition		\$275,000.00		\$275,000.00
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs		\$472,000.00		\$472,000.00
17	1499 Development Activities ⁴				\$368,165.36

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 Replacement Housing Factor Grant No: Date of CFPF:	FFY of Grant Approval: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	Revised ²	Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,321,900.00	\$2,321,900.00
21	Amount of line 20 Related to LBP Activities		\$1,694,094.40
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		12/22/10	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 CFHP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2008				Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	
AMP 1 Nelton Court	Operations	1406		\$53,335.00	\$53,335.00	\$53,335.00	\$53,335.00	
AMP 6 Elderly	Operations	1406		\$13,335.00	\$13,335.00	\$13,335.00	\$13,335.00	
AMP 15	Operations	1406		\$165,520.00	\$165,520.00	\$165,520.00	\$165,520.00	
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$45,0000.00	\$45,0000.00	\$45,0000.00		
PHA Wide	Central Office Management Fees	1410		\$232,190.00	\$232,190.00	\$232,190.00	\$232,190.00	
AMP 6	A&E Fees and Costs	1430		\$50,000.00	\$50,000.00	\$50,000.00	42,562.50	
AMP 24	A&E Fees and Costs	1430		\$25,000.00	\$25,000.00	\$25,000.00	15,533.47	
AMP 15, AMP 24 Scattered Sites II,III/ Mary Shepard Place	Masonry Restoration	1460		\$700,000.00	\$639,177.37	\$639,177.37	\$589,177.37	
AMP 6.	Betty Knox Elevator Upgrade Balance	1460		\$24,469.02	\$24,469.02	\$24,469.02	\$24,469.02	

² To be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2008			Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
AMP 24 Mary Shepard Place	Fire Alarm Upgrades and Modernization	1460		\$351,342.63	\$326,873.61	\$326,873.61	\$189,806.68
AMP I Nelson Court	Demolition	1485		\$275,000.00	\$275,000.00	\$275,000.00	
AMP I Nelson Court	Relocation Costs	1495		\$472,000.00	\$472,000.00	\$472,000.00	\$368,165.36

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date	Reasons for Revised Target Dates
AMP 1 Nelton Court	9/30/2010		9/30/2012		
AMP 6 Elderly	9/30/2010		9/30/2010		
AMP 15 SS, I, II, III	9/30/2010		9/30/2012		
PHA Wide	9/30/2010		9/30/2012		
AMP 24, Mary Shepard Place	9/30/2010		9/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011


Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 Replacement Housing Factor Grant No: Date of CRFP:		FY of Grant: 2009 FY of Grant Approval: 2009	
------------------------	--	--	--	--	--	---	--

Line	Type of Grant	Original	Revised Annual Statement (revision no: 2)		Total Actual Cost ¹
			Summary by Development Account	Reserve for Disasters/Emergencies	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		\$266,537.00	\$266,537.00	\$112,500.00
3	1408 Management Improvements		\$533,074.00	\$45,000.00	\$5,400.00
4	1410 Administration (may not exceed 10% of line 21)		\$266,537.00	\$266,537.00	\$266,537.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs			\$150,000.00	\$78,414.05
8	1440 Site Acquisition				\$41,775.05
9	1450 Site Improvement				
10	1460 Dwelling Structures		\$1,865,759.00	\$937,296.00	\$39,120.44
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition			\$1,000,000.00	\$1,000,000.00
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)			
Type of Grant			
Line	Summary by Development Account	Original	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,665,370.00	\$465,332.49
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		12/22/10	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009		Status of Work		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost			
AMP 1 Nelton Court	Operations	1406		Original \$40,000.00	Revised ¹ \$40,000.00	Funds Obligated ² \$40,000.00	Funds Expended ² \$13,500.00	
AMP 6 Elderly	Operations	1406		\$26,537.00	\$26,537.00	\$26,537.00	\$13,500.00	
AMP 15 SS, I, II, III	Operations	1406		\$200,000.00	\$200,000.00	\$200,000.00	\$85,500.00	
PHA Wide	Management Improvements, Emphasys Conversion and Staff Training	1408		\$45,000.00	\$45,000.00	\$45,000.00	\$5,400.00	
PHA Wide	Central Office Management Fees	1410		\$266,537.00	\$266,537.00	\$266,537.00	\$266,537.00	
AMP 1 and AMP 15, Adams St. Scattered Sites I,II,III	Fees and Costs for A&E Work	1430		\$90,000.00	\$90,000.00	\$45,043.00	\$31,750.00	
AMP 6:	Fees and Costs for A&E Work	1430		\$60,000.00	\$60,000.00	\$33,371.05	\$10,025.05	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
AMP 24, Mary Shepard Place	Fire Alarm Upgrades	1460		\$309,480.00	\$98,415.00	\$98,415.00	\$2,214.44	
AMP 24, Mary Shepard Place	Window Replacement	1460		\$628,665.63	\$805,975.00			
AMP 6: Smith Tower	Elevator Repairs	1460		\$0.00	\$36,906.00	\$36,906.00	\$36,906.00	
AMP I, Nelson Court	Nelson Court	1485		\$1,000,000.00	\$1,000,000.00	\$1,000,000.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2009	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA Wide	9/15/2011		9/15/2013			
AMP 24: Mary Shepard Place	9/15/2011		9/15/2013			
AMP 15 SS, I, II, III	9/15/2011		9/15/2013			
AMP 6 Elderly	9/15/2011		9/15/2013			
AMP 1 Nelson Court:Demolition	9/15/2011		9/15/2013			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary


PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26SS003501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
---	--	---

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval: 2009	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 3)
 Performance and Evaluation Report for Period Ending: 6/30/10 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$5,060,163.00	\$5,060,163.00	\$5,060,163.00	\$2,171,986.25	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date	Signature of Public Housing Director		Date	
		12/22/10				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009				Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	
PHA Wide	Central Office Management Fees	1410		\$506,016.00	\$506,016.00	\$506,016.00	\$211,012.08	
AMP 1, AMP 15, SS, I, II, III	Design Services for the preparation of plans, specs and CA work for SS, I, II and III Exterior and Site Improvements	1430		\$317,147.00	\$50,000.00	\$50,000.00		
AMP 1, AMP 15, SS, I, II, III	Construction Management fees	1430		0.00	\$50,000.00	\$50,000.00	\$39,591.07	
AMP 15, SS I, II, III	Vacancy Preparation	1460		\$335,000.00	\$275,000.00	\$275,000.00		
AMP 6 Betty Knox, Mary Mahoney Village, Kent Apartment, Smith Tower	Vacancy Preparation	1460		\$220,000.00	\$60,000.00	\$60,000.00	\$44,577.90	
AMP 24 Mary Shepard Place	Vacancy Preparation	1460		\$220,000.00	\$40,000.00	\$40,000.00		
AMP 6 Mary Mahoney Village	Roof Replacement	1460		\$400,000.00	\$260,000.00	\$260,000.00	\$233,051.20	
AMP 6 Betty Knox Apartments	Roof Replacement	1460		\$225,000.00	\$269,907.00	\$269,907.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
AMP 6/Kent Apartments	Roof Replacement	1460		0.00	\$148,000.00	\$148,000.00	\$93,825.00
AMP 15/Scattered Sites II, III	Exterior Improvements/Boiler Replacements	1460		\$1,901,000.00	\$1,554,147.00	\$1,554,147.00	\$1,172,983.00
AMP 6: Betty Knox Apartments	Masonry Repairs and Improvements	1460		\$361,000.00	\$0.00	\$0.00	
AMP 1 Scattered Sites I	Boiler Replacements	1460		0.00	\$287,093.00	\$287,093.00	
AMP 1, Scattered Sites I	Site Improvements	1450		0.00	\$500,000.00	\$500,000.00	\$226,946.00
AMP 15/Scattered Sites II, III	Site Improvements	1450		0.00	\$910,000.00	\$910,000.00	
AMP 6 Mary Mahoney Village	Sidewalk Replacements	1450		\$100,000.00	\$150,000.00	\$150,000.00	\$150,000.00
AMP 6: Mary Shepard Place	Completion of Exterior Improvements	1450		\$150,000.00	\$0.00	\$0.00	
AMP 6: Betty Knox Apartments	Site and Lighting Improvements	1450		\$150,000.00	\$0.00	\$0.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	Reasons for Revised Target Dates
PHA Wide	3/17/10	3/17/12	3/17/10	3/17/10	
PHA Wide	3/17/10	3/17/12	3/17/10	3/17/10	
PHA Wide	3/17/10	3/17/12	3/17/10	3/17/10	
AMP 1, AMP 15, SS, I, II, III	3/17/10	3/17/12	3/17/10	3/17/10	
AMP 6	3/17/10	3/17/12	3/17/10	3/17/10	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford

Federal FFY of Grant: 2009

Development Number
Name/PHA-Wide
Activities

Reasons for Revised Target Dates

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26FP003501-10 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval: 2010	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹
				Original	Revised ²	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		\$258,054.00	\$258,054.00		
3	1408 Management Improvements		\$215,000.00	\$215,000.00		\$54,575.40
4	1410 Administration (may not exceed 10% of line 21)		\$258,054.00	\$258,054.00		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		\$100,550.00	\$100,550.00		
8	1440 Site Acquisition					
9	1450 Site Improvement		\$75,000.00	\$75,000.00		
10	1460 Dwelling Structures		\$1,626,746.00	\$1,633,882.00		
11	1465.1 Dwelling Equipment--Nonependable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		\$40,000.00	\$40,000.00		
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies	1501 Collateralization or Debt Service paid by the PHA				
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant: (sum of lines 2 - 19)	\$2,665,370.00	\$2,580,540.00	\$731,108.00	\$54,575.40
21		Amount of line 20 Related to LBP Activities				
22		Amount of line 20 Related to Section 504 Activities				
23		Amount of line 20 Related to Security - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director		Date
		12/22/10				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No. CT26P003501-10 CRFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Operations	1406		\$90,000.00	\$43,000.00	\$43,000.00		
AMP 6	Operations	1406		\$108,310.00	\$27,000.00	\$27,000.00		
AMP 15	Operations	1406		\$243,227.00	\$188,054.00	\$188,054.00		
PHA Wide	Management Improvements, Emphasys Conversion and Staff Training	1408		\$40,000.00	\$215,000.00	\$215,000.00	\$54,575.40	
PHA Wide	Central Office Management Fees	1410		\$266,537.00	\$258,054.00	\$258,054.00		
AMP 6: Smith Tower,	A&E Fees for Common Area Improvements	1430		\$35,000.00	\$35,000.00			
AMP 1 and AMP 15:Adams St. Scattered Sites I,II,III	A& E Fees for Window Replacement	1430		\$40,000.00	\$40,000.00			
AMP 24: Mary Shepard Place	A& E Fees for Landscaping, Sidewalks, parking, fencing and exterior lighting	1430		\$25,550.00	\$25,550.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Name: Housing Authority of the City of Hartford				Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010		
AMP 6 Mary Shepard Place	Completion of landscaping, sidewalks, parking, fencing and exterior lighting	1450		\$150,000.00	\$75,000.00			
AMP 1, AMP 15:Adams St. Scattered Sites I,II,III, AMP 6 Smith Tower,	Window Replacement Common Area Improvements. Interior Hallways and Lobby	1460 1460		\$1,376,746.00 \$250,000.00	\$1,633,882.00 \$250,000.00			
AMP 1	Non Dwelling Equipment(Snow Removal Equipment	1475		\$10,000.00	\$10,000.00			
AMP 6	Non Dwelling Equipment (Snow Removal Equipment	1475		\$10,000.00	\$10,000.00			
AMP 15	Non Dwelling Equipment (Ford F- 250 Pickup)	1475		\$20,000.00	\$20,000.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program
 PHA Name: Housing Authority of the City of Hartford

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	8/17/2012		8/17/2014		
AMP 1,	8/17/2012		8/17/2014		
AMP 6	8/17/2012		8/17/2014		
AMP 15	8/17/2012		8/17/2014		
AMP 24	8/17/2012		8/17/2014		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
------------------------	--	--	--	---	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			\$258,054.00			
3	1408 Management Improvements			\$40,000.00			
4	1410 Administration (may not exceed 10% of line 21)			\$258,054.00			
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			\$150,000.00			
8	1440 Site Acquisition						
9	1450 Site Improvement			\$361,000.00			
10	1460 Dwelling Structures			\$1,473,432.00			
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			\$40,000.00			
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

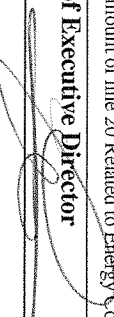
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 Replacement Housing Factor Grant No: Date of CFFP:	FEY of Grant: 2011 FFY of Grant Approval: 2011
--	---	---

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,580,540.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date	Signature of Public Housing Director		Date	
		12/22/10				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
AMP 1	Operations	1406		\$58,054.00			
AMP 6	Operations	1406		\$100,000.00			
AMP 15	Operations	1406		\$100,000.00			
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$40,000.00			
PHA Wide	Central Office Management Fees	1410		\$258,054.00			
AMP 6	A&E Fees and Costs	1430		\$125,000.00			
AMP 15 Scattered Sites I	A&E Fees and Costs	1430		\$25,000.00			
AMP 15. Scattered Site I	Replace Retaining wall at Park Street	1450		\$361,000.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
AMP 6 Kent Apartments	Common Area Improvements	1460		\$250,000.00				
AMP 6. Mary Mahoney Village	Window and Exterior Door Replacement	1460		\$548,432.00				
AMP 6 Betty Knox Apartments	Replace Cabinets and Countertops	1460		\$675,000.00				
AMP 1	Non Dwelling Equipment (Lawn Care Equipment)	1475		\$15,000.00				
AMP 6	Non Dwelling Equipment(Lawn Care Equipment)	1475		\$15,000.00				
AMP 15	Non Dwelling Equipment(Maintenance Tools and Power Tool Equipment)	1475		\$10,000.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2010	Reasons for Revised Target Dates ¹
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date	
PHA Wide		7/17/2013			7/17/2015	
AMP 1,		7/17/2013			7/17/2015	
AMP 6		7/17/2013			7/17/2015	
AMP 15		7/17/2013			7/17/2015	
AMP 24		7/17/2013			7/17/2015	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-03 Date of CFPP:		FFY of Grant: 2003 FFY of Grant Approval: 2003	
------------------------	--	--	--	--	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴			\$2,725,563.00		\$2,725,563.00	\$454,443.49

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-03 Date of CFPP:	FFY of Grant: 2003 FFY of Grant Approval: 2003
--	---	---

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 6/30/10
 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)		\$2,725,563.00			\$2,725,563.00	\$454,443.49
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date	Signature of Public Housing Director		Date		
		12/22/10					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford	Grant Type and Number		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Capital Fund Program Grant No:	CFFP (Yes/No):			Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001			1499		\$2,725,563.00		\$2,725,563.00		

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
²To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford

Grant Type and Number
 Capital Fund Program Grant No:
 CFFP (Yes/ No):
 Replacement Housing Factor Grant No: CT26R003502-03

Federal FFY of Grant: 2003

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford

Federal FFY of Grant: 2003

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date	Reasons for Revised Target Dates
CT00300001	1/9/2010		07/30/2011		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford Grant Type and Number Capital Fund Program Grant No: CT26R003502-04 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: 2004 FY of Grant Approval: 2004	
------------------------	--	--	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹
			Original	Total Estimated Cost Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴		\$3,189,406.00	\$3,189,406.00	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.


Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-04 Date of CFPF:	FFY of Grant: 2004 FFY of Grant Approval: 2004
--	---	---

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 6/30/10 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$3,189,406.00		\$3,189,406.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		12/22/10			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-04		Federal FFY of Grant: 2004				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CT00300001	Redevelopment of Nelton Court	1499		\$3,189,406.00		\$3,189,406.00		

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
²To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford

Federal FFY of Grant: 2004

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT00300001	1/9/2010		1/9/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2005	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-05 Date of CFPP:	FFY of Grant Approval: 2005	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴		\$2,952,824.00			\$2,952,824.00

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2005	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-05 Date of CFFP:	FFY of Grant Approval: 2005	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,952,824.00		\$2,952,824.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		12/22/10			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford				Federal FFY of Grant: 2005		Reasons for Revised Target Dates ¹
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date		
CT00300001	1/9/2010		1/9/2012			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number		FFY of Grant: 2006	
				Capital Fund Program Grant No:		FFY of Grant Approval: 2006	
				Replacement Housing Factor Grant No: CT26R003502-06			
				Date of CFP:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴			\$3,697,239.00		\$3,697,239.00	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-06 Date of CFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006
--	--	---

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 6/30/10 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$3,697,239.00		\$3,697,239.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		12/22/10			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-07 Date of CFFP:		FY of Grant: 2007 FFY of Grant Approval: 2007	
------------------------	--	--	--	--	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴			\$3,863,626.00		\$3,863,626.00	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2007	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-07 Date of CRFP:	FFY of Grant Approval: 2007	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Services paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Services paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 3,863,626.00	\$3,863,626.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		12/21/2010	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CRF Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-08	FFY of Grant Approval: 2008	
Date of CFPP:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Original	Total Estimated Cost Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴		\$233,620.00	\$233,620.00	\$233,620.00	\$233,620.00

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number: Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-08 Date of CFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	
------------------------	--	--	--	---	--	---	--

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)			\$233,620.00		\$233,620.00	\$233,620.00
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director				Date	Signature of Public Housing Director		Date
				12/22/10			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FY of Grant: 2008	
PHA Name: Housing Authority of the City of Hartford		Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-08		FY of Grant Approval: 2008	
		Date of CFP: 6/30/10			


Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴			\$1,442,073.00			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-08 Date of CFPP:	FFY of Grant Approval: 2008	

Line	Summary by Development Account	Original	Total Estimated Cost		Total Actual Cost ¹
			Revised ²	Obligated	
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$1,442,073.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		12/22/10			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CHFP (Yes/ No): Replacement Housing Factor Grant No: CT26R003502-08		Federal FFY of Grant: 2008				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
²To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

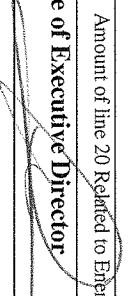
Part I: Summary	PHA Name: Housing Authority of the City of Hartford Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-09 Date of CFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
------------------------	---	---

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
Summary by Development Account							Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴		\$1,078,882.00				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-09 Date of CFHP:	FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised ²
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Obligated
19	1502 Contingency (may not exceed 8% of line 20)		Expended
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$1,078,882.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date	Signature of Public Housing Director
		12/22/10	
			Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFHP Grants for operations.
⁴ RHP funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CHFP (Yes/ No): Replacement Housing Factor Grant No: CTR003502-09		Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Total Actual Cost Revised ¹ Funds Obligated ²	Funds Expended ²	Status of Work
		1499		\$1,078,882.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003504-09 Date of CFP: 6/30/10		FFY of Grant: 2009 FFY of Grant Approval: 2009	
------------------------	--	--	--	--	--	--	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
					Revised ²		Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴			\$808,111.00			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003504-09 Date of CRFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
--	---	---

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 6/30/10 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$808,111.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy/Conservation Measures					
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CRFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011


Part I: Summary		FY of Grant: 2010	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number	FY of Grant Approval: 2010	
	Capital Fund Program Grant No:		
	Replacement Housing Factor Grant No: CT26R003502-10		
	Date of CFFP:		

Line	Type of Grant	Original	Total Estimated Cost		Total Actual Cost ¹
			Obligated	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	\$374,842.00		\$374,842.00	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-10 Date of CFPP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)		\$374,842.00			\$374,842.00	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related To Energy Conservation Measures						
Signature of Executive Director		Date	Signature of Public Housing Director		Date		
		12/22/10					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Housing Authority of the City of Hartford

Federal FFY of Grant: 2010

Reasons for Revised Target Dates¹

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 1/1/2011 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

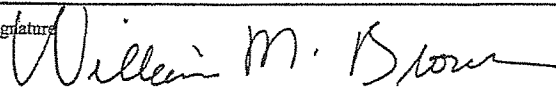
Housing Authority of the City of Hartford
PHA Name

CT-003
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2011 - 2015

Annual PHA Plan for Fiscal Years 2011 - 2011

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
William M. Brown	Chairman - Board of Commissioners
Signature	Date
	9/29/2010

Civil Rights Certification

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.


Hartford Housing Authority

CT003

PHA Name

PHA Number/HA Code

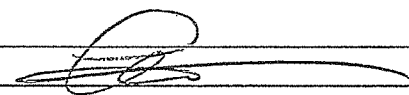
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Alan E. Green	Title	Executive Director
Signature		Date	12/23/10

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award c. post-award	3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U. S. Department of Housing & Urban Development	7. Federal Program Name/Description: Housing Authority of the City of Hartford CT-003, 2011 (Agency Plan) CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Alan E. Green</u> Title: <u>Executive Director</u> Telephone No.: <u>860-723-8420</u> Date: <u>9/29/10</u>	
Federal Use Only		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Housing Authority of the City of Hartford

Program/Activity Receiving Federal Grant Funding

Agency Plan & 5-Year Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

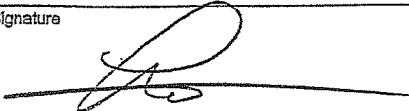
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Alan E. Green	Title Executive Director
Signature 	Date (mm/dd/yyyy) 9/29/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Hartford

Program/Activity Receiving Federal Grant Funding

Agency Plan & 5-Year Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above; Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

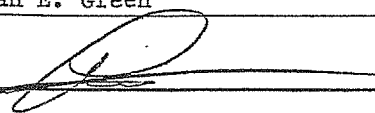
Name of Authorized Official

Alan E. Green

Title

Executive Director

Signature

X 

Date

9/29/10